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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
				Application Number		09/981,320-Conf. #4975			
FEE TRANSMITTAL				Filing Date		October 16, 2001			
For FY 2009				First Named Inventor Kenneth H. Abbott		ott			
[]				Examiner Name		N. Pillai			
Applicant claims small entity status. See 37 CFR 1.27			Art l	Art Unit		2173			
TOTAL AMOUNT OF PAYM	Atto	Attorney Docket No. M1103.70778US00							
METHOD OF PAYMENT (check all that apply)									
Check x Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION	37 OF IC 1.1.5 5	III I							
1. BASIC FILING, SEARC	CH, AND EXAM	INATION FEES							
			SEARCH		EXAMI	INATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$) Fee	e (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity) Fee (\$)	Fees Paid (\$)		
Utility	330		540	270	220	110			
Design	220		100	50	140	70			
Plant	220		330	165	170	85			
Reissue	330		540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM FEES		110	U	·	~	· -	Small Entity		
Fee Description	,					Fee (\$			
Each claim over 20 (inclu	nding Reissues	Δ				52	26		
Each independent claim of		•				220			
Multiple dependent claim		'0 ,				390	·		
	Extra Claims	Fee (\$)	Fee Pa	aid (\$)		Multiple Depender			
- or HP =						Fee (\$) Fee Paid (\$)			
HP = highest number of total of					_				
Indep. Claims E	Extra Claims	Fee (\$)	Fee Pa	aid (\$)	_				
or HP = x =									
HP = highest number of indep	·	I for, if greater than 3.							
3. APPLICATION SIZE FI If the specification and o	drawings excee	ed 100 sheets of pa	iper (excl	luding electr	onically	filed sequence or c	computer		
listings under 37 CFI						entity) for each ade	ditional 50		
sheets or fraction the						Eng (\$)	Ean Baid (\$)		
<u>Total Sheets</u> - 100 =	Extra Sheets	Number of eac		onal 50 or trac nd up to a who			Fee Paid (\$)		
4. OTHER FEE(8)		/50 =		14 4p 10 4	//C II will		Fees Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing		W			isclosur	e Statement	180.00		
SUBMITTED BY									
Signature	مديد ل			istration No. mey/Agent)	32,950	0 Telephone	617.646.8000		
Name (Print/Type) Edmund	nd J. Walsh					Date Fel	1.75 2311		
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I hereby certify that this pap system in accordance with		Certificate of Elect ny paper referred to as	tronic Fili s being attr	ng Under 37 o ached or enck	CFR 1.8 osed) is be	ing transmitted via the	e Office electronic filing		
Dated: 2-25-	3 1.5(a)(4).	Signatur	ira: //	1 onu F	nche	CO ICRET	na facheco,		
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